

Meals from the Masters

SPONSORSHIP COMMITMENT FORM

.....

**YES! WE WOULD LIKE TO BECOME A SPONSOR OF THE
2012 MEALS FROM THE MASTERS EVENTS!**

Customize your sponsorship by creating a unique package
and selecting events and levels that fit your needs.

MARQUEE SPONSORSHIP

\$25,000

EVENING WITH THE MASTERS

APRIL 20, 2012 ♦ DOUBLETREE DOWNTOWN WILMINGTON

\$15,000 CELEBRITY CHEF

\$10,000 MASTER CHEF

\$5,000 EXECUTIVE CHEF

\$2,500 SOUS CHEF

\$1,000 PASTRY CHEF

\$500 MAITRE D'

CELLAR MASTERS' WINE AUCTION

APRIL 20, 2012 ♦ DOUBLETREE DOWNTOWN WILMINGTON

\$7,500 CELLAR MASTER

\$5,000 GRAND WINE MASTER

\$2,750 MASTER SOMMELIER

\$1,250 WINE CHEVALIER

\$750 WINE COLLECTOR

\$300 WINE ENTHUSIAST

CELEBRITY CHEFS' BRUNCH

APRIL 22, 2012 ♦ BANK OF AMERICA

\$20,000 DIAMOND PLATE

\$10,000 ANNUAL PLATE

\$7,500 PLATINUM PLATE

\$3,000 GOLD PLATE

\$1,500 SILVER PLATE

\$1,000 BRONZE PLATE

PLEASE COMPLETE REVERSE SIDE OF THIS FORM FOR CONTACT AND PAYMENT INFORMATION.

Meals from the Masters

SPONSORSHIP COMMITMENT FORM

Sponsorships received by February 3, 2012 will be listed in the *Meals From The Masters* invitation and the Commemorative Cookbook.

CONTACT NAME AND TITLE _____

COMPANY _____
(AS YOU WOULD LIKE IT TO APPEAR IN THE COMMEMORATIVE COOKBOOK)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

AD CONTACT _____

PHONE _____ FAX _____ E-MAIL _____

We would like to be a sponsor at the level indicated. We agree to pay \$ _____

We would like to purchase _____ *Evening With The Masters* tickets at the sponsorship rate of \$65 each. Ticket total: \$ _____

We would like to purchase _____ *Evening With The Masters VIP* tickets at the sponsorship rate of \$100 each. Ticket total: \$ _____
(includes access into the *Cellar Masters' Wine Auction*)

We would like to purchase _____ *Celebrity Chefs' Brunch* tickets at the sponsorship rate of \$140 each. Ticket total: \$ _____

PAYMENT METHOD: CHECK ENCLOSED CREDIT CARD PLEASE BILL

VISA MC AMEX DISCOVER CARD NUMBER _____ EXP. _____

CARDHOLDER NAME _____ SIGNATURE _____

Meals On Wheels Delaware will contact you at a later date regarding ad specs for the Commemorative Cookbook.

.....

PLEASE RETURN FORM TO:
MEALS ON WHEELS DELAWARE
100 W. 10TH STREET, STE. 207, WILMINGTON, DE 19801
PHONE: (302) 656-3257 FAX: (302) 358-2180 E-MAIL: MCONSIDINE@MEALSONWHEELSDE.ORG